UDOH Tuberculosis Control Program

Contact Investigation Record

Case Name	County	PHN	Date case reported	Date CI started	
Disease Site: P / EP / Both	Sputum Smear: + / - / not done	Culture: <u>+ / - / no</u>	ot done Infectious	period fromto	

Contact	Exposure Site	HIV/ IC (Y/N)	Contact Type*	Date Last Infectious Exposure	PPD Results		X-Ray		Dx	Tx Start	Tx	Finish Tx/
					Initial	Retest	Date	Results		Date	Stop Date	Reason Not Finished‡
Name DOB/Relationship Address/Phone#	Home Work School Other		HP MP LP NC		Date	Date mm			LTBI ATBD	DOPT?		Yes No:
Name DOB/Relationship	Home Work	HP MP LP NC		Date	Date			LTBI	DOPT?		Yes	
Address/Phone#	School Other				mm	mm			ATBD	DOI 1.		No:
Name DOB/Relationship	Home Work	Vork M chool L	HP MP	P	Date	Date			LTBI	DOPT?		Yes
Address/Phone#	School Other		LP NC		mm	mm			ATBD			No:
Name DOB/Relationship	Home Work School		HP MP LP NC		Date	Date			LTBI ATBD	DOPT?		Yes No:
Address/Phone#	Other				mm	mm			AIBD			NO:
Name DOB/Relationship	Home Work School Other	HP MP LP NC		Date	Date			LTBI	DOPT?		Yes	
Address/Phone#					mm	mm			ATBD			No:
Name DOB/Relationship	Home Work School Other		HP MP		Date	Date		LTBI	DOPT?	Yes		
Address/Phone#		LP NC			mm	mm			ATBD	DOF1:		No:
Name DOB/Relationship	Home Work School Other	HP MP LP NC	MP		Date	Date		LTBI	DOPT?		Yes	
Address/Phone#					mm	mm			ATBD	ATBD DOI 1:		No:

* CONTACT TYPE

HP=high priority contacts are household contacts, contacts <5 yrs, contacts with medical risk (including HIV infection), contacts in congregate setting, or contacts with prolonged exposure
 MP=medium priority contacts are contacts 5-15 yrs or contacts with medium exposure to index case

LP=low priority contacts are all other contacts

NC=a person who probably did not share with the index case but requests inclusion in the CI

‡ REASONS FOR NON-COMPLETION OF LTBI TX:

- i Death
- **4** Adverse Effect of Medicine

Today's Date

- 2 Contact Moved
- **5** Contact Chose to Stop
- **3** ATBD Developed
- **6** Contact Lost to Follow-up
- 7 Provider Decision